

# Southern University System Foundation

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## PAYROLL DEDUCTION/CONTRIBUTION FORM

This is a (please check only one).  
 Contribution  
 Annual Pledge

Salary Plan:  
 12 months  
 10 months  
 9 months  
 Other \_\_\_\_\_

University Affiliation:  
 Faculty     Student  
 Retiree    Other  
 Staff       Administrator

Graduate of SU?  
 Yes  
 No  
Graduation Year: \_\_\_\_\_  
Degree(s): \_\_\_\_\_

I have included SU in my will or estate plans  
 Please send me information on how to include SU in my will or estate plans

Name: \_\_\_\_\_

S Number.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

\$5,000     \$2,000     \$1,000     \$500     \$400     \$300  
 \$200     \$100     \$50     \$ \_\_\_\_\_

Please designate my pledge/contribution to one of the following Faculty & Staff Scholarship Endowment accounts:

- S.U. Foundation Distribution
- SU System
- SU Law
- SUBR CAMPUS
- SUBR Athletics

- SUBR SGA
- SU Lab School
- Alumni Affairs
- SU AG Center
- Other: \_\_\_\_\_

I hereby authorize a payroll deduction from my salary warrant as follows:

- Single deduction for a total pledge \$ \_\_\_\_\_.
- Multiple deductions of \$ \_\_\_\_\_ over \_\_\_\_\_ biweekly, monthly or quarterly pay periods.

The deduction(s) is (are) to begin on (month/year) \_\_\_\_\_ / \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

I wish to make a pledge/contribution of \$ \_\_\_\_\_ by the following method (please check appropriately):

- Cash     Check     Credit Card

Credit Card

Charge my credit card a total of \$ \_\_\_\_\_

- Visa     MasterCard     Diner     American Express     Discover

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

V-code \_\_\_\_\_ (This is the three/four digit located on the back of your card on the signature bar)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_